FILED 2003 LIMITED LIABILITY COMPANY Aug 05, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (ÚBR)

L00000011178 **DOCUMENT #**

1. Entity Name STONES' N LLC

NAME

STREET ADDRESS

CITY-ST-ZIP



08-05-2003 90026 009 ****50.00 Principal Place of Business Mailing Address 7124 MANOR WOODS CT. VILLAS AT SUNSET BEACH. B402 **GERMANTOWN TN 38138** SEACREST BEACH FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. K CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 58-2576674 Applied For Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATÜRE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$**0.00 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Addition TITLE ☐ Detete TITLE Change Change MGRM RODELL, KAREN NAME NAME RODELL, KAREN 7124 MANOR WOODS CT. STREET ADDRESS STREET ADDRESS 7124 MANOR WOODS CT. **GERMANTOWN TN 38138** CITY-ST-ZIP CITY-ST-ZIP GERMANTOWN TN 38138 Change Addition TITLE Delete TITLE MGRM NAME NAME RODELL, RICK STREET ADDRESS STREET ADDRESS 7124 MANOR WOODS CT. CITY-ST-ZIP CITY-ST-ZIP GERMANTOWN TN 38138 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

attachment

BEAN & ISON CPAS & CONSULTANTS

90148992 #L0000011178

FILING INSTRUCTIONS

FLORIDA UNIFORM BUSINESS REPORT

TAXPAYER	STONES'N LLC
***************************************	7124 MANOR WOODS CT.
***************************************	GERMANTOWN, TN 38138
المنافقة والمنافقة والمناف	
TÂXABLE YEAR	2003
2	•
RETURN SHOULD BE SIGNED	
AND DATED ON PAGE 1 BY	A MEMBER
MUST BE POSTMARKED BY	SEPTEMBER 24, 2003
MAIL TO	UNITEDDA DUCINECO DEDODO
MAIL IO	
	DIVISION OF CORPORATIONS
	P.O. BOX 6478
	TALLAHASSEE, FL 32314-6478
CHECK SHOULD BE MADE	
PAYABLE TO	FLORIDA DEPARTMENT OF STATE
AMOUNT-OF-TAX-TO BE PAID	and the second of the second o
WITH THE RETURN	\$ 50.00

We recommend that you mail all tax returns and tax payments by registered or certified mail, with return receipt requested. To be considered timely filed, the IRS and State agencies require that the return must be sent to the correct address, and that the registered or certified receipt must be postmarked by the Post Office. Please retain the postmarked and return receipts with your copy of the tax return indefinitely.

We appreciate the opportunity to serve you. Please contact us if you have any questions, or if we may be of further assistance.